

Condoms

A 24-year-old man who had sexual intercourse with several women was worried about sexually transmitted infection. Although the doctor found him to be free of any sexually transmitted infection, he learned how uncomfortable the anxiety of unprotected sex could be. For two years he used condoms and reduced his number of sexual partners.

When the young man married, his wife was an 18-year-old woman who had never had intercourse. Because he felt familiar with condoms, the couple began their married life using them for contraception. Although they remain mutually monogamous, the husband and wife continue using condoms because they learned that condom use can be a positive experience and that condoms are effective, easy to use, safe to use, and convenient.

Condoms are a safe, easy, and effective method of preventing pregnancy and the most effective means other than abstinence of preventing sexual transmission of the human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs). Next to withdrawal, condoms are the only readily reversible method of birth control for men. In this chapter, condom refers to the male condom, a sheath that covers the penis. The female condom, discussed in Chapter 17 on Vaginal Barriers and Spermicides, is a pouch that lines the vagina.

Condom use has become increasingly important in preventing HIV infection. In Africa, most HIV infections are transmitted by sexual contact between a man and a woman.¹⁶ Because most infected persons have no symptoms for several years, they are unaware of their infection. Condoms can be used for protection during intercourse with an HIV-infected person or with a person whose HIV status is unknown. Although rates of condom use have been low in many areas of Africa, particularly within sub-Saharan Africa,^{5,9} more people are beginning to use condoms because of HIV education and prevention programs, campaigns promoting positive images of condoms, and more widespread distribution and availability of condoms.

OVERCOMING BARRIERS

Client counseling and education is important for promoting the use of condoms. First, assess the client's level of knowledge and familiarity with condoms. Can the client get condoms easily? Is the couple willing to use them? The list of barriers to condom use may be extensive, and complicated, particularly in areas where condom use is very low, and they may be personal or socioeconomic. For example, condoms may be difficult to get because sources, such as drug store dispensaries or family planning clinics, are not convenient. The price of condoms could be too high for the client. Some couples may falsely believe that condoms cause major side effects and are, therefore, unsafe to use. Others may believe that condoms contribute to impotence (the loss of erection). Second, show clients the correct method of applying the condom on a model of a penis and encourage the client to try this also. (See the section on "Instructions for Using Condoms.")

In some societies, the use of condoms may be associated with promiscuous sexual behavior or involvement with prostitution. Today, however, many sexually active couples use condoms simply for effective pregnancy protection. Of course, using condoms to protect against infection is a responsible and necessary act. Table 16:1 lists examples of myths and rumors often associated with condoms and the corresponding facts.

Table 16:1 Myths and facts about condom use

Myth or Rumor	Fact
Condoms decrease sexual enjoyment for couples	Some men say they have decreased enjoyment when using condoms. However, many couples enjoy sexual relations more when using condoms because they avoid the fear of unplanned pregnancy, and infection. Condoms also make erections last longer for some men.
Only prostitutes and promiscuous persons use condoms	All around the world, couples use condoms to prevent pregnancy. Any sexually active couple may choose condoms for family planning or to prevent infection. <i>It should not be assumed that someone who uses a condom has a sexually transmitted infection.</i>
Condoms make men impotent	Condoms may actually prolong intercourse for the couple and prevent premature ejaculation. Condoms do not cause impotence.
Condoms are unsafe for the human body.	Condoms very, very rarely cause medical side effects in users.
Condoms show that a man does not really trust his partner.	By using condoms, a man shows his partner that he cares about her health and welfare.
Condoms show that a woman does not really trust her partner.	Using condoms shows that a woman cares about the health and welfare of the man, herself, and any infant's that could be conceived. Using condoms shows that a woman <i>trusts</i> her partner not to take liberties with other women just because he uses condoms.
The condom might get lost inside the woman.	The condom very rarely falls completely off the penis during intercourse. If it does, the condom can be easily removed from the vagina.
Condoms do not work.	Condoms are very effective in preventing pregnancy and infections. <i>They must be used every time.</i>

MECHANISM OF ACTION

The condom is a sheath that fits over the penis. The condom prevents pregnancy by blocking the man's sperm from reaching an egg that has been released from the woman's ovary. For the condom to effectively prevent pregnancy, it must be used from "start to finish" with *every* act of intercourse. Most condoms are made from rubber and are called "latex" or "rubber" condoms, but some of the newer condoms being developed are made of plastic. A small percentage of condoms are made from the intestine of lambs and are known as "skin" condoms. Although all condoms can prevent pregnancy, only latex or plastic condoms are recommended if the couple desires protection from infection.

Condoms are available in varying sizes, shapes, colors, thicknesses, with or without lubricants or spermicides, and with or without reservoir tips or nipple ends. Some condoms are covered with a lubricant to make entry of the penis into the vagina easier. This lubrication may decrease the chance of breakage.

<i>Condoms known to be available in Africa</i>	
<i>Atlas</i>	<i>Hygex</i>
<i>Blue-Gold</i>	<i>Lord Hygex</i>
<i>Conform</i>	<i>Panther</i>
<i>Conture</i>	<i>Prine</i>
<i>Crepe de Chine</i>	<i>Prudence</i>
<i>Durapac</i>	<i>R3 Aktiv-feucht</i>
<i>Durex</i>	<i>R3 Excellent</i>
<i>Durex Black Shadow</i>	<i>R3 Med</i>
<i>Durex Featherlite</i>	<i>R3 Naturcontact</i>
<i>Durex Fiesta</i>	<i>R3 Plus</i>
<i>Durex Gossamer</i>	<i>R3 Superfeucht</i>
<i>Durex Nu-form</i>	<i>Rosetex</i>
<i>Durex Supertrans</i>	<i>Sagami Wet</i>
<i>Elarco Minors</i>	<i>Samoa</i>
<i>Gallant Special</i>	<i>Silkies</i>
<i>Gold Circle</i>	<i>Sultan</i>
<i>Gold Coin</i>	<i>Tahiti</i>
<i>Goldtex</i>	<i>Trojan-Enz</i>

EFFECTIVENESS

PREGNANCY RATE

Condoms can be very effective in preventing pregnancy when used consistently *and* correctly. The pregnancy rate for couples who use condoms every time they have intercourse and correctly follow the instructions each time is estimated to be 3% per year of use. This has been called the *method failure rate*. It is important to understand what the method failure rate represents. It does not mean that 3 of every 100 condoms used will lead to unintended pregnancy. What it does mean is that only 3 of 100 couples who use condoms the right way every time they have sex will experience an accidental pregnancy in the first year. If each couple had sex twice per week, the 100 couples would have had intercourse 10,400 times over the course of a year. Three pregnancies resulting from approximately 10,400 acts of intercourse is a remarkably low pregnancy rate per condom used (0.03%).

The low method pregnancy rate for condoms is due, in part, to their high quality. Laboratory tests are conducted on samples of condoms from each batch to assess physical characteristics such as strength and the presence of holes. If the sample condoms do not meet the minimum test requirements, the batch is discarded. They are not distributed to clients or providers. In Africa, all condoms that are donated by the U.S. Agency for International Development (USAID) have passed United States and international standards for condoms.

The rate of accidental pregnancy for couples who do not use condoms every time or who do not use them correctly each time has been called the *user failure rate*. This user failure rate is estimated to be 14%, more than four times as high as the method failure rate. Most pregnancies among condom users occur because the condom is not used by the couple *every* time they have intercourse.

Couples can further increase the condom's effectiveness against pregnancy by combining condom use with simultaneous use of a second contraceptive method such as pills, spermicide, foam, or vaginal suppository. If two methods are correctly used, the risk of pregnancy is dramatically reduced. (See Chapter 11 on Essentials of Contraception.)

BREAKAGE AND SLIPPAGE

Although users often fear that the condom will break or fall off during intercourse, studies show that these events rarely occur when condoms are used properly. Many studies conducted in economically developed countries have shown that the incidence of condom breakage and slippage during vaginal intercourse can be very low. Typical studies indicate that the rate of breakage for good quality condoms is less than 3 or 4 condoms per 100 condoms used, although rates as low as 1% to 2% have been reported in studies from Zambia, Ghana, and Mali.¹⁰

Not every condom break occurring during sex leads to pregnancy or infection. Results from one U.S. survey found only 1 pregnancy reported for every 23 condom breaks.⁶ Furthermore, not every condom break will result in HIV infection. The risk of HIV infection after a single exposure (e.g., after a condom break) to unprotected intercourse with an HIV-infected partner is estimated to be less than 1%.⁹

ADVANTAGES AND INDICATIONS

ADVANTAGES

Prevention of Sexually Transmitted Infections

Condoms are also very effective in preventing many STIs, including HIV infection,³ herpes simplex virus, chlamydia, cytomegalovirus, gonorrhea, ureaplasma infection, and hepatitis B virus.²

Three studies of couples in which one partner had HIV and the other did not have shown that condoms are most effective when used consistently and correctly with each act of intercourse.¹³⁻¹⁵ In one study, there was no seroconversion among the 124 couples who used condoms consistently, but 10% of partners seroconverted among the couples who did not use condoms consistently.¹⁴ In a similar study, the seroconversion rate was 2% among the consistent condom-using couples but 12% among the inconsistent users.¹⁵

Condoms can also be used during other sexual activities, such as oral sex and anal sex. Like vaginal sex, these types of sex can result in the spread of many STIs, including HIV.

Condoms for women's health

Four key points are essential for understanding the importance of condoms in sexually transmitted infection (STI) prevention:

- 1. Bacterial and viral STIs, such as gonorrhea and chlamydia, are typically more damaging to the reproductive tract of the woman than to the man.*
- 2. Infected men transmit bacterial lower genital tract infections (e.g., gonorrhea) to two out of three female sex partners. Infected women transmit these STIs to one out of three male sex partners.²*
- 3. Condoms help protect women from unplanned pregnancy, ectopic pregnancy, vaginitis (lower tract infection), pelvic inflammatory disease (upper tract infection), infections that can harm a fetus during pregnancy or delivery, tubal infertility, genital cancer, and HIV infection.*
- 4. It is a woman's right to insist on condom use. It is a woman's right to say no to intercourse if her partner says no to condoms.*

Other Advantages

Condoms may have desirable effects in addition to their benefits as a contraceptive:

- Help the man to maintain an erection and help prevent or treat premature ejaculation (the rim of the condom may have a slight tourniquet effect)⁴
- Provide immediate, visible proof of effectiveness because the ejaculate is contained within the condom

- Encourage male participation in contraception and securing protection from infection
- Provide a barrier for women and men who do not wish to have the penis or semen in direct contact with the vagina
- May be a more accessible method of contraception because an examination, prescription, or fitting is not required; in addition, condoms can be obtained by both men and women
- Are generally inexpensive and may often be obtained for free
- Provide an option, with virtually no side effects, for women who cannot use hormonal contraceptive methods

INDICATIONS

The condom may be extremely attractive to the following groups:

- Persons at risk of getting or passing STIs, including HIV (these persons include sexually active men and women who live in areas with high rates of STIs)
- Users of other contraceptive methods (e.g., hormones, vaginal methods, and sterilization) who may be at risk for HIV or other STIs
- Couples who wish to avoid an unplanned pregnancy
- Clients who are beginning use of other contraceptive methods (e.g., pills) and who have been encouraged to initially use a back-up method for additional contraceptive protection

DISADVANTAGES AND PRECAUTIONS

On the whole, condoms are associated with few disadvantages, and those usually have relatively minor impacts on health. They may:

1. Reduce feeling and sensitivity for the male, although no objective data have proven this is true (some men have suggested

that sensitivity can be increased by applying a thin layer of lubricant on the head of the penis before putting on the condom)

2. Interrupt sexual spontaneity because the condom must be put on before intercourse (having the woman put the condom on the man may help to overcome this problem)
3. Rarely cause allergic reactions (to latex)
4. Embarrass either partner to suggest or initiate condom use, or to obtain condoms
5. Occasionally slip off or break during intercourse
6. Deteriorate if stored in too much heat, sunlight, or humidity
7. Occasionally result in the man being unable to maintain an erection; counseling may help to overcome this problem

PROVIDING CONDOMS

Condoms are used around the world by married couples. Using condoms does not mean a person is promiscuous or involved in prostitution.

The most important message to convey is that the condom must be used from “start to finish” with *every* act of intercourse to effectively prevent pregnancy and STIs. Do not assume that the client knows how to correctly use a condom, regardless of the client's past condom experience. The client may be using them incorrectly each time, which can lead to pregnancy or infection. It is important that providers and clients completely understand the instructions on how to use a condom that are presented at the end of this chapter. Several mistakes commonly made by condom users include the following:

- Not having a condom available when needed
- Starting intercourse without a condom on the penis, then interrupting intercourse to put on the condom (or deciding not to use the condom at all)
- Tearing the condom with a fingernail

- Not holding the rim of the condom when withdrawing the penis from the vagina, causing condom slippage and leakage
- Forgetting to use the condom altogether

When possible, provide clients with enough condoms so that they will not need to visit the clinic frequently to get more condoms. The supply of condoms given to the client should be based on his/her needs. (A 3-month supply is typically 25 to 50 condoms.) Family planning providers should know the following:

- Condoms may be obtained free of cost from many public family planning programs, government dispensaries, and depot holders. It is important to provide several months' supply of condoms to clients to encourage their ongoing use, particularly if they are difficult for the client to obtain.
- Generally, condoms must be supplied to clients at each clinic visit.
- Good-quality condoms will likely promote good condom use. In very hot or humid climates, it may be necessary to improve storage areas to maintain the condom's integrity.
- Condoms can be carried without damaging them for a month or so in purses or wallets. Carrying condoms does not indicate that a person is planning to engage in sexual intercourse.

DISTRIBUTION

Innovative programs have been shown to dramatically increase the use of condoms, particularly when men believe that other men in their community are also using condoms.⁹

Social marketing of condoms for HIV prevention has been implemented in many African countries, including Benin, Burundi, Cameroon, Ethiopia, Liberia, Nigeria, Sierra Leone, Tanzania, Uganda, Zaire, Zambia, and Zimbabwe, to make condoms more available in areas with high HIV prevalence.⁹

One important feature of successful public sector condom distribution programs is the provision of a large number of condoms to each client. Providing only a few condoms to a client is a very short-term solution, particularly for clients who find it difficult to get to health care facilities or who find it embarrassing to return repeatedly for condoms. In the private sector, where commercial retail sales through "drug stores" are a major source of condoms, cost may be a constraint to continued condom use for some clients. However, condoms can be obtained freely or cheaply from many sources.

Tens of millions of condoms have been dispensed in some African countries. Among the most creative marketing or public awareness efforts of condom distribution have been the following:

- In Kigali, Rwanda, an HIV counseling and testing program offered free condoms and spermicide and showed a videotape about the acquired immunodeficiency syndrome (AIDS) to clients. This led to increased rates of condom use among women, where one year into the program, 22% of women were using condoms, when only 7% had tried them before the program.¹
- In Uganda, a USAID program called "AIDS in the Workplace" taught facts about HIV transmission at worksites and distributed more than 600,000 condoms since its inception.¹²
- In Zaire, condoms are extensively advertised and promoted through television, radio, and posters for family planning and the prevention of AIDS by the *Projet de Marketing Social*.⁹
- In Kenya, more than 100,000 condoms have been distributed through a program that places condom vending machines in worksite locations.⁹

INSTRUCTIONS FOR USING CONDOMS

When you have sexual intercourse, the condom provides a barrier between the penis and the vagina. The most important instruction for using condoms is that a new condom must be used from “start to finish” *every* time you have intercourse.

1. Use latex or plastic, not skin, condoms if you want protection from HIV infection and STIs.
2. Put the condom on the erect penis (either partner can do this) *before* the penis is inserted into the vagina.
3. Unroll the condom down to the base of the penis. (See Figure 16:1.) If you find that the condom will not unroll because it is inside out, do not flip it over. Turning it over may expose your partner to germs and sperm. Discard the condom and start with a new one.
4. Make sure that the vagina is well lubricated before penetration. A condom may be more likely to tear if the vagina is dry. If extra lubrication is needed, use water, a water-based jelly, or contraceptive foam, gel, or cream. Do not use petroleum-based products with latex condoms; they can weaken the condom and make it more likely to break during use.
5. After intercourse, as the penis is pulled from the vagina, hold the rim of the condom against the base of the penis to prevent spilling any sperm. The penis should be removed from the vagina soon after ejaculation—if the erection is lost, the condom can slip off and pregnancy or infection can result.
6. After the penis has been removed from the woman and is clearly away from the vagina, slowly slide the condom off the penis without spilling semen. Discard the condom.
7. If the condom breaks, falls off, leaks, or is not used, immediately put spermicidal foam, gel, or a suppository into the vagina (if spermicide is available and you have not already done so). If spermicide is not available, quickly wash both the penis and vagina with soap and water to lower the risk of

fertilization or infection. See your health care worker as soon as possible; you may be able to get emergency contraceptive (postcoital) pills if you do not already have them on hand.

8. Store condoms in a cool, dry place away from direct sunlight. Heat may cause the rubber to weaken, so don't store condoms in a place that becomes very hot. If the condoms are kept dry, sealed, and away from heat, sunlight, humidity, and fluorescent light, they will generally last at least 3 years. The date printed on the package of the condom is generally the date of manufacture, unless it is marked "exp", which indicates the expiration date.

Figure 16:1 The condom is rolled down the erect penis



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